



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 9517

SERIAL NUMBER 09/737,327	FILING DATE 12/15/2000 RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. 20589Y
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APPLICANTS

James M. Mundt, Warrington, PA;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/246,934 11/09/2000
 AND CLAIMS BENEFIT OF 60/172,839-12/20/1999

5165546

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 02/21/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>James M. Mundt</i> Examiner's Signature	Initials			

ADDRESS

000210

TITLE

Blister package for pharmaceutical treatment card

FILING FEE RECEIVED 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 9517

SERIAL NUMBER 09/737,327	FILING DATE 12/15/2000 RULE	CLASS 206	GROUP ART UNIT 3629	ATTORNEY DOCKET NO. 20589Y
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APPLICANTS

James M. Mundt, Warrington, PA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/21/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>James M. Mundt</i> Examiner's Signature	<i>SM</i> Initials			

ADDRESS

000210

TITLE

BLISTER PACKAGE FOR PHARMACEUTICAL TREATMENT CARD

FILING FEE RECEIVED 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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